

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

146

FILED DEC 6 1962

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BoonvilleLength of stay in lb
10 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph's HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cooper

c. CITY OR TOWN Blackwater

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RFDReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

FRANK

Middle

JACOB

Last

ESSER

4. DATE OF DEATH

Month

December

Day

3, 1962

Year

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5/18/829. AGE (last birthday)
80IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer & stockman10b. KIND OF BUSINESS OR INDUSTRY
agriculture11. BIRTHPLACE (City and state or country)
Cooper County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph H. Esser

13b. MOTHER'S MAIDEN NAME

Anna Schuster

14. NAME OF HUSBAND OR WIFE

Rowena Widel Esser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

4 Mrs Frank J. Esser Blackwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SUB ARACHNOID HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH
11 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PRIMARY HYPERTENSION AND ARTERIOSCLEROSIS

YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HYPERTENSIVE CARDIOVASCULAR DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 23, 1962 to Dec. 3, 1962 and last saw him alive on Dec. 2, 1962
Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. Hara, MD

22b. ADDRESS

829 Main St., Boonville, Mo

22c. DATE SIGNED

12/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Dec. 5/62

23c. NAME OF CEMETERY OR CREMATORY

SS Peter & Paul Cem.

23d. LOCATION (City, town, or county)

Boonville, Missouri

(State)

24. FUNERAL DIRECTOR

B. W. Thacher

ADDRESS

Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-62

26. REGISTRAR'S SIGNATURE

D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0275

2 0270

3

4 0

5 1

6

7 0

8 2

9 330X

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Berry W. Shacker

Licensed Embalmer No.

3944

P. O. Address

Bonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.